

MCANDREWS, HELD & MALLOY 34TH FLOOR 500 WEST MADISON STREET CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER

JAN 3 1 2006

ARO PLEASE DELIVER RETURN RECEIPT TO Laura Foley

TELEPHONE: (312) 775-8000

FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: Co	ommissioner for Patents	EAY NO :	
		I AX NO	571-273-8300
FROM: Je	ean Dudek Kuelper	USER ID:	8107
CLIENT: 04	450	MATTER:	13051US02

Number of Pages This Transmission (Including Cover Page): 4

I hereby certify that the attached Transmittal Form (1 pg.), Power of Attorney and Correspondence Address Indication Form (1 pg.) and Statement Under 37 C.F.R. § 3.73(b) (1 pg.) are being facsimile transmitted to the United States Patent and Trademark Office on 31, 2006.

Jean Dudek Kuelper Reg. No. 30,171

If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.

	RANSMITT		T		MOIT UTILESS IC	DEPARTMENT OF COMMERCE displays a valid OMB control number.	·
FORM (to be used for all correspondence after initial filing)			- 1	Application Number		09/998,220	1
			L	Filing Date		November 20, 2001	
				First Named Inventor		Terence J. Knowles RECE	
				Art Unit Examiner Name		2674 CENTRAL FAX	X DENTE
			1			K. Nguyen JAN 3 1	
Total Number of Pages in This Submission 3				Attorney Docket Number 1305		13051US03	knno
	E١	ICLOSURES	3 (che	ck all that a	pply)		-
Fee Transmittal	Form	Drawing(1
Fee Attache	đ	Licensing	•	l Daness	to T	er Allowance Communication	[
Amendment/Rep	oly	Petition	g-related	rapers	App	peal Communication to Board	ļ
After Final		Petition to	o Conve	ent to a	(ppeals and Interferences	1
Affidavits/ded	laration(s)	Provisiona	al Applic	ation	(App	peal Communication to TC peal Notice, Brief, Reply Brief)	
Extension of Tim	Power of Attorney a Correspondence Ad		y and		prietary Information	l	
(,	Express Abandonment Request			Address	Stat	l	
		Terminal Disclalmer			ľ		
Statement	Information Disclosure Statement Certified Copy of Priority Document(s)		Request for Refund			urn-Receipt Postcard	
Certified Copy of			er of CD	1	ident	er Endosure(s) (please lify below);	
Document(s)				·	- Statement Under 37 CFR 3.73(b)		
Reply to Missing I	Parts/	Landso	cape Tal	ble on CD			
Incomplete Applica							
Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	SIGNATI	URE OF APPLIC	LANT A	TTORNEY, OR			
Firm	McAndrews Hel		.A.111, A	TIORNEY, UK	AGENT		
Signature	Jan)	Lucken					
rinted Name	Jean Dudek Kyel	per]	
Date	1/31/0						
		ERTIFICATE O	FFAYY	DANGMITTA .			
hereby certify that this c	orrespondence is b	eing sent via facsi	imile to (Commissioner for l	Patents at ti	he United States Patent and	
	Jean Dudck Kuch		7				
	-	Karelyen	Tregis	tration No. (Attorn	cy/Agent)	30,171	

^
-7
,

POWER OF ATTORNEY			- PENOBBON NUMBER		_ 0	09/998,220				
	- COLMITORNET	Filing	Date		N	lovembe	r 20, 2	001		
l	and	First I	Named	Inventor		erence J			<u> </u>	
	PONDENCE ADDRESS	Title			A	coustic v Ith Feed	Vave 1	ouch A	ctuated	Switch
INE	DICATION FORM		Art Unit 2674		REC	=11/15				
			iner Na			Nguyen	1	CEN	VTRAL F	AY CI
hereby re-	voka all	Attorn	ey Doc	ket Numbe	er ∫ 13	051US0	3			- 12.7 7
	voke all previous powers of atto	omey given	in the	above-identi	fied ap	plication.		•	JAN 3	1 20
I hereby app										
Number:	Practitioners associated with the Customer Number:							1		
OR			<u></u>	23,446						
LI PIECUION	er(s) named below:									
<u> </u>	Nâme Nâme			Reg	istration	Number				
 -										
 -								7		
-								7		
L_		_	T					7		
Patent and Trac	ney(s) or agent(s) to prosecute th	e application	n identif	ne avoda beli	nd to ten	nanet ell b				
Please recogn	ney(s) or agent(s) to prosecute the demark Office connected therewith ize or change the correspondence as associated with the above-ment	e address fo	or the at	bove-identifie	d to trai	nsact all b	usiness	s in the	United Sta	ites
Please recogn The addre	ize or change the correspondence	e address fo	or the at	bove-identifie	nd to trai	nsact all b	usiness	s in the	United Sta	ites
Please recogn The addre OR The addre OR Firm or	ize or change the correspondences associated with the above-ments associated with Customer Nur	e address fo	or the at	bove-identifie	d to trai	ation to:	usiness	s in the	United Sta	ites
Please recogn The addre OR The addre OR Firm or Individual Na	ize or change the correspondences associated with the above-ments associated with Customer Nur	e address fo	or the at	bove-identifie	nd to trai	nsact all b	usiness	s in the	United Sta	ites
Please recogn The addre OR The addre OR Firm or Individual Na	ize or change the correspondences associated with the above-ments associated with Customer Nur	e address fo	or the at	bove-identifie	nd to trai	ation to:	usiness	3 in the	United Sta	ites
Please recogn The addre OR The addre OR Firm or Individual Na	ize or change the correspondences associated with the above-ments associated with Customer Nur	e address for ntioned Custoned	or the at	bove-identifie	ed to trai	ation to:	usiness	s in the	United Sta	ates
Please recogn The addre OR The addre OR Firm or Individual Na ddress	ize or change the correspondences associated with the above-ments associated with Customer Nur	e address for ntioned Custoned	or the al	bove-identifie	nd to trai	ation to:	usiness	s in the	United Sta	ates
Please recogn The addre OR The addre OR Firm or Individual Naddress	ize or change the correspondences associated with the above-ments associated with Customer Nur	e address for ntioned Custoned	or the all tomer N	bove-identifie lumber	d applica	ation to:	usiness	s in the	United Sta	ates
Please recogn OR The addre OR Firm or Individual Na ddress buntry lephone I am the:	ize or change the correspondences associated with the above-ments associated with Customer Nur	e address for ntioned Custoned	or the al	bove-identifie	d applica	ation to:	usiness	s in the	United Sta	ates
Please recogn OR The addre OR Firm or Individual Naddress buntry lephone I am the:	ize or change the correspondences associated with the above-ments associated with Customer Nur	e address for ntioned Custoned	or the all tomer N	bove-identifie lumber	d applica	ation to:	cusiness	in the	United Sta	ates
Please recogn The addre OR The addre OR Pirm or Individual Naddress ity Duntry Liephone I am the: Applicant/Im Assignee of	ize or change the correspondences associated with the above-ments associated with Customer Nurme	e address for nitioned Custoned Custone	State	bove-identifie lumber	d applica	ation to:	·	s in the	United Sta	ates
Please recogn The addre OR The addre OR Pirm or Individual Naddress ity Duntry Liephone I am the: Applicant/Im Assignee of	ize or change the correspondences associated with the above-ments associated with Customer Nurme	e address for nitioned Custoned Custone	State	bove-identifie lumber	d applica	ation to:	usiness	s in the	United Sta	ates
Please recogn The addre OR The addre OR Pirm or Individual Naddress ity Duntry Dephone I am the: Applicant/Im Assignee of Statement un	ize or change the correspondences associated with the above-ments associated with Customer Nurses associated with Customer Nursentor. The correction of the entire Interest. See the correction of the entire Interest.	address for nitroned Custoned	State Email	bove-identifie	mhmlaw	ation to:	·	in the	United Sta	ates
Please recogn The addre OR The addre OR Pirm or Individual Naddress ity Duntry Dephone I am the: Applicant/Im Assignee of Statement un	ize or change the correspondences associated with the above-ments associated with Customer Nurses associated with the above-ments associated with Customer Nurses associated with Customer Nur	address for miloned Custoned C	State Email 11. SB/96)	mhmpto@	mhmlaw	ation to:	usiness	s in the	United Sta	ates
Please recogn The addre OR The addre OR Pinm or Individual Na ddress ity puntry plephone I am the: Applicant/Im Statement un	ize or change the correspondences associated with the above-ments associated with Customer Nurses associated with the above-ments associated with Customer Nurses associated with Customer Nur	address for nitroned Custoned	State Email 11. SB/96)	mhmpto@	mhmlaw	ation to:	26/	s in the	United Sta	ates
Please recogn The addre OR The addre OR Pinn or Individual Naddress The addre OR Applicant/Im Applicant/Im Statement un Traffure The addre The add	record of the entire Interest. See der 37 CFR 3.73(b) is enclosed. Signature Terence J. Knowles President, TexZec. (nc.	address for ntloned Custoned C	State Email (1. (SB/96) It or As	mhmpto@	mhmlaw	ZIP	26/	06 Piji	<i>d</i> 4	ates
Please recogn The addre OR The addre OR Firm or Individual Na ddress ity buntry elephone I am the: Applicant/Im Xasignee of Statement un rature ne e and Company	record of the entire Interest. See der 37 CFR 3.73(b) is enclosed. Signature Terence J. Knowles President, TexZec. (nc.	address for ntloned Custoned C	State Email (1. (SB/96) It or As	mhmpto@	mhmlaw	ZIP	26/	06 Piji	<i>d</i> 4	ates
Please recogn The addre OR The addre OR Firm or Individual Na ddress ity ountry slephone I am the: Applicant/Im X hasignee of Statement un Tature Te and Company E: Signatures of all a than one signature Total of	record of the entire Interest. See der 37 CFR 3.73(b) is enclosed. Signature Terence J. Knowles President, TexZec, Inc. the inventors or assignees of record of is required, see below.	address for interest for the entire in	State Email 71. SB/96) It or Asi	mhmpto@ signee of Re Da Telephone	mhmlaw	ZIP /.com	26/ 5	O6 Pul	forms if	
Please recogn The addre OR The addre OR The addre OR Individual Na ddress ity ountry elephone I am the: Assignee of Statement un recognition of information of information of information.	record of the entire Interest. See der 37 CFR 3.73(b) is enclosed. Signature Terence J. Knowles President, TexZec. (nc.	address for interest for the entire in the entire in	State Email 1. SB/96) It or Ass	mhmpto@ signee of Re Telephone	mhmlaw	ZIP .com	26/ 5	Tuit pla	torms if	

PTO/SB/96 (12-05)
Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Applicant/Patent Owner, Taxas 1 4	PECENTER
Applicant/Patent Owner: Terence J. Knowles et al. (Applicants)	RECEIVED CENTRAL FAX CENTER
Application No./Patent No./Control No.: 09/998,220 Filed/issue Date: November 20,	2004
Entitled: Acoustic Wave Touch Actuated Switch With Feedback	JAN 3-1 2006
TexZec, Inc.	
	ship, university, government agency, etc.)
values triat it is.	snip, university, government agency, etc.)
 the assignee of the entire right, title, and interest, or 	
 an assignee of less than the entire right, title, and interest (The extent (by percentage) of its ownership interest is%) 	
in the patent application/patent identified above by virtue of either:	
 A. assignment from the inventor(s) of the patent application/patent identified above. The states Patent and Trademark Office at Reel 013225. Frame 0148 a true copy of the origin OR B. \(\subseteq \) A chain of title from the inventor(s), of the patent application/patent identified above, to the 	iai assignifient is attached.
	s correct assignee as follows:
1. From: To:	
The document was recorded in the United States Patent and Trademark Office at	
Reel Frame or for which a copy thereof is attached.	
2. From: To:	
The document was recorded in the United States Dates to 1	
Reel, Frame, or for which a copy thereof is attached.	
3. From:	
The document was recorded in the United States Debut and 3-14-14-14	
Reel, Frame, or for which a copy thereof is attached.	
Additional documents in the chain of title are listed on a supplemental sheet.	
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be subsected with 37 CFR Part 3, to record the assignment in the records of the USPTO.	
The undersigned (whose title is supplied below) is authorized to act on behalf of the assigned	•
18000 J. (MODE 1/26/26	
Signature 7/20/08	
4 Late	
Printed or Typed Name Telephone Number	<u>+ 0</u>
President	
Trile	

This oblication of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form analyor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, U.S. Department of Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTC-9199 and select option 2